

## Application Data Sheet

### Application Information

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular                                    |
| Subject Matter::                 | Utility                                    |
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None                                       |
| Number of CD disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           | None                                       |
| Computer Readable Form (CRF)::   | No   |
| Number of copies of CRF::        | 0  |
| Title::                          | COUPLING FLANGE SYSTEM FOR<br>HOLLOW SHAFT |
| Attorney Docket Number::         | 0595-1001                                  |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 4  |
| Small Entity?::                  | No   |
| Latin Name::                     |  |
| Variety Denomination Name::      |  |
| Petition Included?::             | No   |
| Petition Type::                  |  |
| Licensed US Gov't Agency::       |  |
| Contract or Grant Numbers::      |  |
| Secrecy Order in Parent Appl.?:: | No   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: EMMANUEL  
Middle Name::  
Family Name:: MERMOZ  
Name Suffix::  
City of Residence:: SENAS  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 68, AVENUE DE CAMBRAI  
City of Mailing Address:: SENAS  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 13560

**Correspondence Information**

Correspondence Customer Number:: 000466

**Representative Information**

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

**Domestic Priority Information**

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
|               |                   |                      |                      |
|               |                   |                      |                      |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 03 03102                | 3/13/03       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::